Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.		PTO/SB/22 (10-00) hrough 10/31/2002. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE less it displays a valid OMB control number.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) 09/843,342	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	

9/843,342	#10
	golgá
ed April 25, 2001	

OIPE	<u>:</u>
MAR S & SOO3	OFFICE
ETAN TRADEMA	

	In re Application of	ROBERTS et al	·	40190
	Application Number	r 09/843,342	Filed April 25, 200	)1
	For IN VIVO LOAI	DING OF MHC		
	Group Art Unit 1644	Examiner Amy M. Declou	ıx	
This is a request under the provisi response in the above identified a		a) to extend the p	eriod for filing a	·
The requested extension and app	•	ity fee are as follo	) WS	
(check time period desired):				
One month (37 CF)	R 1.17(a)(1))		\$	_
☑ Two months (37 CF)	FR 1.17(a)(2))		\$ <u>410</u>	.00
☐ Three months (37 €	CFR 1.17(a)(3))		\$	_
☐ Four months (37 C	FR 1.17(a)(4))		\$	_
☐ Five months (37 C	FR 1.17(a)(5))		\$	_
☐ Applicant claims small ent	ty status. See 37 CFI	R 1.27. Therefore	e, the fee amount sho	own
, above is reduced by one-l	nalf, and the resulting	fee is: \$		
A check in the amount of				
Payment by credit card. F			- 4h:-	DECENTER.
The Commissioner has all application to a Deposit A	·	i to charge tees ir	n this	RECEIVED
The Commissioner is here		ge any fees which	h may be required.	400 0 2 2002
or credit any overpaymen	- ·			APR P2 2003
I have enclosed a duplica				
I am the $\square$ applicant/inventor.				TECH CENTER 1600/2900
assignee of record of t	he entire interest. Se	e 37 CFR 3.71		
Statement under 37	CFR 3.73(b) is enclos	ed. (Form PTO/S	SB/96).	
attorney or agent of re	cord.			
attorney or agent unde	er 37 CFR 1.34(a).			
· ·	acting under 37 CFR 1.34(a)	·		
WARNING: Information on this be included on this form. Prov				
	,		0	
3/21/03		Elija	eluth fax	s.
Date	_		Signature	
			Elizabeth Lassen	
		Т	yped or printed name	e .
NOTE: Signatures of all the inventors or assigne	ees of record of the entire int	arest or their represer	ntative(s) are required. Sub	omit multiple
forms if more than one signature is required, see		erest of their represer	nauve(s) are required. Suc	with thumple
*Total of forms are submitted.				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.